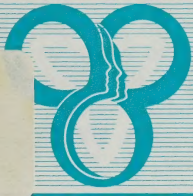


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COUNCIL Update

ONTARIO ADVISORY COUNCIL ON WOMEN'S ISSUES

NOVEMBER 1989

Changes urged for Employment Standards Act

On October 18, Person's Day, Council released **Recommendations For Changes to the Employment Standards Act**. The 71 recommendations are the result of Council's extensive consultations with women's groups, business leaders, other interested individuals and information received during our May 30th public forum in Toronto.

Under Review

The Employment Standards Act (E.S.A.) was passed in its present form in 1974, but it has been under review by the Ontario government since 1976. This review has resulted in many Regulations and subsections to the Act, creating confusion between the Act's provisions and those listed in the Regulations. One of our recommendations, therefore, called for Ontario's minimum employment standards to be defined within the legislation deleting the need for these numerous Regulations and subsections.

In principle, the Act applies to all workers. But in practice, many groups are not covered under the provisions regarding hours of work, overtime, minimum wage, public holiday and even vacation with pay. In addition, the Act

has no regulations regarding sick time or leave if there's a death in the family.

The situation is worse if you're a part-time worker. Working part-time can mean putting in 39 hours a week (just under the 40 hours per week defined as full-time). It can mean putting in 40 hours a week, but doing two or three part-time jobs. Whether for family reasons, or because they can't get full-time work, many of the part-time workers in Ontario (72%) are women. Part-time workers don't receive even the minimum standards currently available

INCLUDE ALL WORKERS IN NEW E.S.A.

to full-time workers under the current Act, and they're not eligible for any benefits. Council recommended, therefore, that the government include **all** Ontario workers in a new E.S.A.

One recommendation suggested 35 weeks parental leave for Ontario workers with childcare responsibilities to be taken by either parent. This would be in addition to the current 17 weeks maternity leave already available, which we asked to

be bumped up to 18 weeks to be in line with other Canadian provinces.

Workplace and Family Responsibilities

This single recommendation caused the most reaction at our press conference, and in the business community. The government, however, has made many public statements about the need to combine workplace and family responsibilities. This is in response, no doubt, to the increasing numbers of women entering the labour force. In the last 20 years, for example, the female participation rate in the labour force has increased from 38% to 58%. But basic labour standards do not recognize the permanent and ongoing presence of women in the labour market. Our document recommended, therefore, that the government should table new employment standards legislation immediately. In Council's view, this is a prerequisite to any other pay equity or employment policies and programs.

The 50-page document contains recommendations about minimum wages, equal pay for equal work, public holidays, vacation with pay, benefit plans, job security

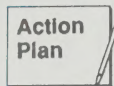
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E.S.A. (cont'd from pg. 1)

standards, and more.

It's available, free, by calling or writing to Council office. (Collect calls accepted in Ontario only.)

Action Plan



Early in October, Council met in Collingwood to determine a plan of action and select issues for

Council's attention within a three year span. Reproductive technologies (NRTs) will be the main focus for all committees, but other general issues brought forward included the impact of Canada's proposed Goods and Services Tax (GST) on women, an updated look at women in the media, an examination of issues regarding women and the environment and a background paper on women and mental health. Women and aging was also identified for further study by the social issues committee.

Francophone Consultations

In partnership with the Ontario Women's Directorate, Council is undertaking a series of consultations with Francophone women's groups. These consultations represent a first step in opening a dialogue between these two organizations and Francophone women. Their locations and dates are:

Timmins, November 6;

Hearst, November 15;

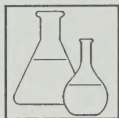
Windsor, November 21;

Sudbury, November 23;

Ottawa, December 5 and

Toronto, December 12.

Reproductive Technologies



Reproductive technologies (RTs) has been an ongoing Council concern for the last two

years. Members have attended conferences, heard speakers, read literature and as a Council, joined in the call for a federal Royal Commission to study the implications of RTs. On October 25, the Prime Minister announced appointments to the Royal Commission on RTs. The Commission is mandated to inquire and report on current and potential medical and scientific developments related to RTs and will consider the social, ethical, health, research, legal and economic implications of these technologies. It will recommend policies and safeguards to be applied to scientific advances in the field of RTs and is to report no later than October 1991.

In Council's view, a crucial element to the Commission's success is the need for consultation with women's groups. Whether such consultations will take place, is unclear. It is unknown if the Commission will travel to meet with groups or if travel funds will be provided for group representatives to make presentations in Ottawa. If you think these are important issues, please write to the Commission chair: Dr. Patricia Baird, Professor, University of British Columbia, Department of Medical Genetics, Wesbrook Building, Room 226, 6174 University Blvd., Vancouver, BC, V6T 1W5 or call 604-228-6115.

In defining RTs as a major issue for this year, Council plans to widen its scope beyond the social issues already covered in our document: **What's New About The New Reproductive Technologies?**

A researcher has been hired to write a paper on the legal ramifications and she will be working under the direction of Council's Justice Committee. Next spring, this document will be circulated to women's groups for their input. The intent is to make a presentation to the Royal Commission in late 1990.

RTs Workshop

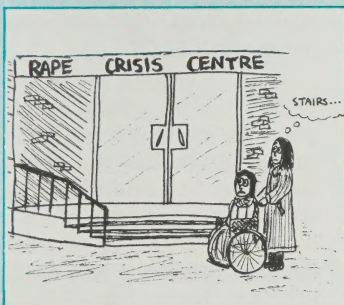
To help women develop a personal understanding of RTs issues, and to help groups prepare their own presentations, Council has created a unique workshop. Designed to be held in almost any type of setting, from recreation room to boardroom, the workshop's simple instructions will help women recognize the complexities of these technologies. It will be available for distribution, free, in the new year, and can be obtained by writing to or calling Council office.

Note: In our last newsletter, we asked your opinion on whether legislation should be established to govern the use of reproductive technologies and whether there should be a federal Royal Commission. It is interesting to note that, although the yeses were in the majority, the undecided outweighed the nos. Regarding a Royal Commission, indecision disappeared, opinions were either for or against, but, once again, the majority voted yes.

FOCUS ON: DISABLED WOMEN

DID YOU KNOW THAT..?

- 18% of all women are disabled.
- disabled girls are twice as likely as able-bodied girls to be sexually assaulted.
- disabled women are more likely than able-bodied women to be the victims of violence.



- support and services for disabled mothers are almost totally inaccessible.
- most women's services are inaccessible to disabled women.
- the unemployment rate for women with disabilities is 74%.
- working women with disabilities earn 64% of the wages of non-disabled women.
- when men become disabled, 50% of marriages break up; for women that figure is 99%.
- 40% of all job discrimination complaints to the Ontario Human Rights Commission are lodged by disabled people.

- in Ontario, roughly 32% of people receiving family benefits are disabled.
- a disabled woman who is also an immigrant, a visible minority, native or elderly has a double-disadvantaged status. She experiences the stigma and stereotypes which surround these categories as well as those which surround disability.

WHAT IS DISABILITY?

Not all disabled women use wheelchairs or white canes; there are many types of disabilities:

- mobility or "physical" disabilities requiring the use of crutches, wheelchairs, canes or braces
- blindness or low vision
- invisible disabilities include learning disabilities, epilepsy, diabetes, arthritis, and cancer
- psychiatric disabilities
- developmental disabilities (causing an individual to be labelled "mentally retarded")
- deafness and hard of hearing

CHALLENGING THE MYTHS

Misconceptions or myths about disabled women exist in the areas of reproductive rights, violence, accessibility, poverty and employment. These myths need to be challenged to overcome the stereotypes which have reinforced the false notion that disabled women must remain "in their place" as a passive and non-threatening group.

REPRODUCTIVE AND HEALTH ISSUES

MYTH: *Disabled women are unable to fulfil the "natural - normal" functions of wives and mothers; FALSE.*

FACTS: Women with disabilities are **not** all extraordinarily dependent on others. Disabled women point out that their individual personhood is ignored - to the extent that they have been categorized, without exception, as being incapable of fulfilling the role of "mother." As a result, disabled women are not encouraged to have children.



They may have to fight pressures from their families to have an abortion; or to keep the child once it is born. Some disabled women are engaged in a fight for reproductive rights which include the right to have a baby and the right to adopt children.

MYTH: *Disabled women won't - or shouldn't - have sex and therefore don't need to know about birth control methods or their bodies; FALSE.*

FACTS: Disabled women are **not** asexual, but their sexuality is frequently overlooked. Sexuality is linked to physical attractiveness - or so the messages in advertising seem to suggest. For a disabled woman, whose physical appearance may be further from the portrayed "ideal" than that of an able-bodied woman, this leads to a denial of her sexuality.

Disabled women and teens do not have access to basic information about sex, pregnancy, birth control, pelvic examinations, etc. This may be because the centre/clinic is physically inaccessible or because the information itself is not presented in a useable format (i.e. tapes and Braille for the blind, sign language interpretation for the deaf). These inadequacies show that disabled women are not considered adult sexual persons.

MYTH: *Injections of the synthetic hormone Depo Provera are no longer given to disabled women for contraceptive purposes;* **FALSE.**

FACTS: Depo Provera, a synthetic hormone which acts like the female hormone progesterone, and has a wide range of effects, continues to be administered to women with disabilities, especially to those in institutions. Disabled women are often given it without their consent and without being told of its harmful effects. It is given to disabled women to stop periods and prevent pregnancies for no other reason than the convenience of institutions and caregivers.

Depo Provera has a strong impact on a woman's sexuality and body image. Over 21 side effects are

known, some of the most frequent being: changes in menstrual flow, excessive weight gain, depression, loss of sexual desire, and headaches. Research on the drug's long term effects has raised questions about the risk of blood clots and the delayed return of fertility.



Depo Provera is used to treat endometriosis and it is also used as a late treatment for some types of cancer. In Canada, the drug is currently being considered for approval as a birth control method. Feminist groups such as DAWN are participating in the campaign to stop the legalization of Depo Provera as a contraceptive.

VIOLENCE

MYTH: *Disabled women don't worry about violence or sexual assault happening to them, especially if they live at home or in an institution;* **FALSE.**

FACTS: Disabled women are often victims of all forms of violence, particularly sexual assault. Assault, verbal abuse and neglect are also common experiences for a woman with disabilities. Vulnerability, lack of a positive self-image and the fact that they may be dependent on

others are some reasons why disabled women are more susceptible to violence than able-bodied women.

Disabled women who are assaulted by caregivers are reluctant to report it due to the fear that they may lose services they need, and will not have their charges of sexual assault taken seriously.

ACCESSIBILITY

MYTH: *Ontario is completely accessible to disabled women, especially with all the ramps and parking spaces that are provided for them;* **FALSE.**

FACTS: "The concept of access goes beyond ramps and parking spaces. Attitudinal and physical access are key issues which underlie the concerns of all disabled women. Access for disabled persons is **not** a privilege, but a right. Accessibility means different things for different disabilities, and what follows is the bare minimum of accessibility for most disabled women." (DAWN Toronto, *Open Letter to the Women's Movement*)

•For a woman who uses a wheelchair, accessibility means that she can enter a building because it has a ramp or a level entrance and no steps. Bathrooms must also be adapted with grab bars and a sink that her chair can fit under.



For deaf and women who are hard of hearing, access means sign language interpreters, offices with a Telecommunication Device for the Deaf (TDD) and loop amplification devices.

•For women with no vision or visually impaired women, accessibility means having printed matter on cassette tape, in large print, or sometimes in Braille. It also means that Seeing Eye Dogs are welcome.

•For developmentally disabled women, attitude and language are keys to accessibility. Able-bodied people have to recognize the harm that can come from "joking" references to others as "idiots," "imbeciles" or "basket cases."

•For those disabled women whose disability you can't see, access is often a matter of attitude and flexibility. For a woman with epilepsy, it means no strobe lights or flash bulbs. For a woman with diabetes, it means nutrition breaks.

Accessibility has a much broader definition than the public recognizes, and without accessibility, programs and services to improve the status of the disabled are meaningless.

TRANSPORTATION

MYTH: *All disabled women can use "parallel" transportation systems like Wheel Trans in Toronto which are more convenient than public systems; FALSE.*

FACTS: These "parallel" transportation systems do not usually provide the same hours as public transportation and are available only to those who are "unable to board" public transportation. Parallel transportation systems generally

do not allow women with disabilities to drop off their children at daycare facilities on the way to work. Reliable transportation in rural Ontario for persons with disabilities is largely non-existent.



EMPLOYMENT

MYTH: *Disabled women no longer face obstacles in gaining employment; FALSE.*

FACTS: Stereotypes and prejudices of employers serve to limit job opportunities for disabled women. Part time work may be a preferable alternative for some women with disabilities because it better accommodates attendant care schedules and fatigue problems associated with their disability or the medication they use. This type of work remains out of reach for most of these women because they would not be entitled to benefits such as drug and hospitalization costs, U.I.C. and C.P.P.

Disabled women, more often than able-bodied women end up in traditional job ghettos. Women who use wheelchairs may find career counsellors suggesting that they work as secretaries since they are "already in the sitting position".

POVERTY

MYTH: *The Ontario social service system is adequately serving disabled women who have no other means of income or support; FALSE.*

FACTS: Poverty is a fact of life for many persons with disabilities, especially women. Programs such as C.P.P. disability pensions, social assistance and workers compensation provide incomes well below the poverty line and do not recognize the extra costs of being disabled. Such costs may involve paying more for accessible housing, covering the costs of assistive and medical devices, nutritional supplements and specialized clothing.

CONSIDER THIS...

Pre-natal diagnosis through monitoring, assessing and detecting abnormalities in the fetus may reduce the frequency of disabled infants being born. But the development of technologies that reflect the high social value of "perfect" children has the potential to devalue and further stigmatize disabled people.

Amniocentesis is a procedure generally performed on older pregnant women with a higher risk of bearing babies with Down's Syndrome. It may damage a fetus, in some cases, causing a disability. Other forms of detecting disability at an earlier stage in pregnancy are in the process of being developed and may pose less danger to the fetus. All pregnant women must have access to health care professionals who will answer their questions about pre-natal diagnostic techniques.

STRATEGIES FOR ACTION: WHAT CAN I DO?

- Encourage the health care professionals in your community to equip their offices/clinics with special tables or chairs that allow women with mobility disabilities to have gynaecological examinations in comfort and with minimal intimidation.
- Listen to women's experiences with Depo Provera and help ensure disabled women's rights to "informed decision-making" and reproductive freedom.
- If a disabled woman confronts you with the fact that she has been sexually assaulted, take her seriously. There are advocate agencies for disabled women who can facilitate the justice process for these women having difficulty speaking on their own behalf. Local rape crisis centres and DAWN Ontario are places to turn if you require information on how to obtain such an advocate.
- Help your women's centre or community centre organize a "street-proofing" or self-defense workshop specifically designed for women with disabilities.
- Find out if battered women's shelters in your area have accessible accommodations for disabled women. Articulate the urgency of this need.
- Write letters to your MP, MPP, the Minister Responsible for Women's Issues and the Minister of the Office of Disabled Persons and ask for their commitment to work to improve the lives of disabled women.

REFERENCES AND FURTHER READING

Achilles, Rona. *What's New About New Reproductive Technologies?: A Preliminary Discussion Paper.* Toronto: O.A.C.W.I. February 1988.*

Breaking the Silence. Collection of articles written by women with disabilities. COPOH, 1989.

D'Aubin, April (ed.) *Disabled Women's Issues: A COPOH Discussion Paper.* Coalition of Provincial Organizations of the Handicapped 1987.*

Depo Provera: A collection of presentations and background information made available during the Health and Welfare Canada regional meetings on fertility control. Toronto: DAWN. 1986.

McPherson, Catherine. *DAWN Fact Sheets on Employment, Parenting, Reproductive Rights, Violence, and Accessibility to the Women's Movement and Women's Services.* Toronto: DAWN 1988.*

Riddington, Jillian. *Beating the "Odds": Violence and Women With Disabilities.* Toronto: DAWN. 1989.*

Women's Health Interaction, Ottawa. *Depo Provera: From Stories to Struggle, Women Creating Reproductive Freedom.* Ottawa: Women's Health Interaction. 1989.*

All cartoons are reprinted with permission from the Coalition of Provincial Organizations of the Handicapped (COPHO)

* denotes references used.

GROUPS

The following list of organizations is not all-inclusive.

Blind Organization of Ontario with Self Help Tactics (B.O.O.S.T.)
597 Parliament St, Ste. B.3
Toronto, Ontario, M4X 1W3
Tel: (416) 964-6838

Canadian Hearing Society
271 Spadina Rd.
Toronto, Ontario, M5R 2V3
Tel: (416) 964-9595

Canadian Assoc. of Independent Living Centres
150 Kent St.,
Ste. 905
Ottawa, Ontario, K1P 5P4
Tel: (613) 563-2581

Coalition of Provincial Organizations of the Handicapped (COPHO)
926-294 Portage Ave.
Winnipeg, Manitoba, R3C 0B9

DisAbled Women's Network/Ontario (DAWN)*
160 The Esplanade,
Apt. 601
Toronto, Ontario, M5A 3T2
Tel: (416) 755-6060

Handicapped Action Group Inc.
150 Castlegreen Drive
Thunder Bay, Ontario, P7A 7T9
Tel: (807) 767-6277

Ontario Association for Community Living
180 Duncan Mill Rd.,
Ste. 600
Don Mills, Ontario, M3B 1Z6

**Much of the information used in this fact sheet was taken from various papers published by DAWN.*

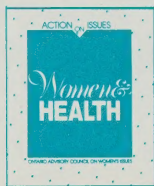
Council Resignations

There are three vacancies on Council due to the resignation of the following members:

Anne Rochon Ford was appointed to the Midwifery Interim Governing Council; **Sherry Moreau** accepted a residency position in a native youth residence and **Sarah Band's** personal and professional commitments were taking all her energies. Anne had been Chair of Council's Social Issues committee, Sherry was a member of the Justice Committee and Sarah sat on the Economics Committee. We thank them for their contribution and wish them well in their future endeavors. Council members are appointed on a part-time basis by the government and we look forward to new appointments.

Health Booklet

LAST CHANCE!



The **Women and Health** book has gone to a second and final printing! After these

supplies are exhausted, the book will no longer be available. **Limited** single copies are available, by writing to Council office. Allow three weeks for delivery. If your organization would like multiple copies, you can purchase them from Publications Ontario, 880 Bay St., (2 blocks north of College), Monday through Friday, 9 a.m. to 5 p.m., 416-326-5300 or hearing-impaired persons call 416-965-5130, Cost: \$5. each. **Out of town**

customers can write to Publications Ontario, 5th floor, 880 Bay St., Toronto, M7A 1N8, 416-326-5300, or call toll free in Ontario, 1-800-668-9938, and hearing impaired persons can call toll free in Ontario: 1-800-268-7095. **Payment:** MasterCard and Visa orders will be accepted. Cheques and money orders are payable to the Treasurer of Ontario. **ALL ORDERS MUST BE PREPAID.** Please allow 3-4 weeks for delivery.



Issue Update

Pensions: Council was asked by the Hon. Murray Elston,

Minister of Financial Institutions, to comment on the province's proposals for pension reform. Over the years, Council has made numerous recommendations regarding pension reform. Many of them have been instituted, including the CPP drop-out provision and coverage for part-time employees. This time, we recommended that in the absence of mandatory employer-sponsored pension plans, the Canada Pension plan be expanded; there be no cap on earnings covered; that 10% be adopted as the maximum level of indexation; and that on marriage breakdown, there be mandatory splitting or equalization of pension credits with these credits becoming available only upon retirement.



Unemployment

Insurance: A letter was forwarded to the Hon. Barbara McDougall, Minister of Employment and Immigration, expressing concern about the

proposed changes to the Unemployment Insurance Act. We questioned the rationale for reducing adoption leave from 15 to 10 weeks. We noted that cuts to unemployment insurance benefits will disproportionately affect women, since women generally have a higher unemployment rate than men. Also, the new insurability requirement restricting benefits to individuals working a minimum of 20 hours per week would severely impact women since more of them work part-time.



Employment Equity:

Council met with the Hon. Robert Wong, Minister of Citizenship, to discuss employment equity. We re-affirmed our recommendations on mandatory employment equity legislation. Council also re-stated our call for a comprehensive contract compliance program which would make employment equity programs mandatory for all firms dealing with the government or funded with provincial funds.



Sexual Assault:

Over the summer, Council concentrated on sexual assault. Suggestions for specific approaches targeting this issue were recommended to the government. Some of these included: the need for government to develop a stable funding base for Sexual Assault Centres; the necessity of professional development for judges; that law schools be required to ensure courses confront stereotypes associated with sexual assault and family violence; that there be more development of and public awareness for programs counselling teens and children.

continued

The Council was established at arms-length from the government in 1973 and is in a unique position to question the government's direction and policies. Council's mandate is to advise Ontario's government on matters pertaining to the achievement of economic, social and legal equality for women; to respond to requests from the Minister for advice and consultation; to hold public meetings with the purpose of stimulating public discussion and accessing the opinions of women; to identify specific areas requiring the attention of government and to recommend legislation and program changes to the Minister Responsible for Women's Issues. There are 15 members appointed by Cabinet on a part-time basis. Meetings are held in Toronto and work on identified issues is done through Committees. Council brings a balance of women's views from across the province to the government's attention.

COUNCIL MEMBERS

Sandra Kerr, President, Oakville
Susan McDonald, Vice-President,
London

Marielle Cousineau, Kapuskasing
Bernice Dubec, Thunder Bay
Mila Eustaquio, Mississauga
Dianne Harkin, Winchester
Kathleen Lahey, Kingston
Madeleine Leal, Ruscom
Catherine McPherson, Toronto
Lana Mitchell, North Bay
Lucya Spencer, Ottawa,
Lynn Zimmer, Peterborough

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Bridget Vianna, Executive Officer
Lydia Oleksyn, Communications
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Melody CarvalhoMount,
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☒ **Rural Women:** Women for the Survival of Agriculture (WSA), a group well known for its work in improving the economic status of farm women, brought to our attention the need for a training program geared specifically for rural women who often do not have access to training programs. Council forwarded a letter of support for this project to Barbara McDougall, Minister of Employment and Immigration.

HAVE YOU MOVED?

MOVING SOON? *If you want to continue receiving Update, please send your mailing label with the changes marked to: Ontario Advisory Council on Women's Issues, 880 Bay St., 5th floor, Toronto M7A 1N3 or phone: 416-965-5824.*



Need A Speaker?

Council President Sandra Kerr is available, free of charge, to speak to your women's group, club, meeting or organization anywhere in Ontario. All expenses are covered by Council. Although she has a busy schedule and some lead time is required, she is interested in speaking to as many Ontario women as possible. If you'd like Sandra to address your group, please contact:

Lydia Oleksyn,
The Ontario Advisory Council
on Women's Issues
880 Bay St., 5th floor
Toronto, Ontario
M7A 1N3

The Ontario Advisory Council
on Women's Issues
880 Bay St., 5th floor
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